<u>Sanford Collaboration and Communication Channel (SC3)</u>

<u>Project Contact</u>

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The SC3 team has been in discussion with the possible partner sites. These have been ongoing since the announcement of the awards. We have had discussions with potential sites and their staff members to determine what the community needs are and how this funding for infrastructure could improve the delivery of healthcare. We have also worked with the executive level to best understand the strategic plan for the organization and how this dovetails with the telemedicine services that may be provided over the new infrastructure. Ongoing meetings are being held to finalize the potential partner sites and the scope we'd like to focus on for the project.

<u>2. Identify all health care facilities included in the network</u>

At this time, the SC3 project has not finalized who the included facilities will be. We have discussed the possibilities and are finalizing the details in order to submit the posting forms for the FCC. We have discussed and verified eligibility of hospitals and clinics throughout South Dakota, Minnesota, Iowa and Nebraska that potentially will be partnering with the SC3 project.

All facilities under discussion meet section 254 of the 1996 Act's definition of an eligible health care provider as defined by section (v) not-for-profit hospital or (vi) rural health clinic. A detailed report of sites will be submitted at the next reporting cycle and after the scope has been refined and postings have been made.

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3. Network Narrative

Currently the Sanford Team is reviewing several different scenarios that would be the backbone of the network for participating members of the SC3 project. With our original application needing to be modified with the ineligible equipment definition, we have focused on enlarging the scope of what sites we could connect to and still maintain the spirit of our application. As we finalize this and prepare for posting, we would be able to give all of the details to satisfy the needs of Appendix D.

4. List of Connected Health Care Providers

At this time there are no sites connected to the network. The project is not to the point of having sites connected, but should be by the time of the next reporting cycle.

5. Non-Recurring and Recurrning Costs

At the time of this reporting cycle, we have not incurred any costs. The Sanford team has only been in the planning stages and will be posting very soon. A detailed list of costs will be sent at the next reporting time for the costs of the coming cycle.

6. Cost Apportionment

At the time of reporting cycle no funds have been used and therefore there isn't anything to report on as far as cost apportionment. A detailed listing with all of the requirements within Appendix D will be provided once the project has launched.

7. Ineligible Entity Requirements

NA

8. Project Management Plan

The project's core team consists of Dan Van Roekel (Project Coord) as well as Sanford Health's IT Director (Daryl Bouma) and network manager (Scott Sylliaasen). These 3 individuals are coordinating events and discussions for what may be possible with the SC3 funding. At this point, we

have been working with regional locations to assess the needs and how the application's funding can help improve the delivery of care.

At this time, our project is still in the planning stages and determination of locations that may or may not be participating in the SC3 project is being refined. Because of this, we can not give a detailed project plan as described in Appendix D. We will be providing this once the postings have taken place and for the next reporting cycle.

9. Sustainability

The project is in the planning stages and therefore the project can not give an accurate explanation as to the sustainability of the network. We will be able to show sustainability through the reduction/elimination of some hard costs such as travel time and mileage reimbursement as our outreach service area expands. Sustainability will also be shown in how well we can integrate technology into the daily lives of our patients and staff to improve the delivery of healthcare in the region. The funding for the infrastructure will provide the bridge to all locations as outlined in our application. More details as to the sustainability of our network will be provided on the next quarterly report and once our project's scope and partners have been defined.

10. Telemedicine Benefits

The Sanford project has needed to modify its original application with the clarification of eligible/ineligible equipment. Our focus now has turned to the expansion of partner sites and the scope of services that can be provided with the infrastructure. Since we are still in the planning stages, there are no additional details to satisfy the requested information in Appendix D. A detailed report will follow once the project has launched.

As we build out our network we will be focusing on how this new infrastructure and partnerships have improved the delivery of care. This infrastructure creates the bridge that will allow all participating sites to communicate and collaborate more efficiently and effectively. By leveraging the infrastructure provided by the funding and the telemedicine equipment currently available, our regional partners will have access to services not currently provided in their communities. Our goal will be to explore the ways this new "bridge" to our partner sites has improved healthcare delivery. The SC3 project will provide a detailed report on the specific measurements and deliverables once the project has been refined and for the next reporting cycle.

11 & 12. Compliance

During this reporting cycle, the SC3 project has been in the planning stage only. A detailed report on how our network will comply with HHS health IT initiatives will be provided during the next reporting cycle and after the project has launched. As we plan out our project, compliance and

coordination outlined in Appendix D will be maintained and reported on during the next cycle.